



# Ponca Tribe of Oklahoma Education & Training Department

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*Scholarship • Graduate • Adult Ed. • WIOA*

121 White Eagle Drive • Ponca City, Oklahoma 74601 • Tele: (580) 763-0120 • Fax: (580) 763-0126

Dear Applicant:

The Ponca Tribe of Oklahoma, Higher Education Department, would like to thank you for your request for a Higher Education Scholarship Grant. It is imperative that our Ponca students continue their educational goals. By utilizing all educational resources to attain your educational goals and objectives, you are achieving self-sufficiency and increasing the quality of life for your family and yourself.

The Ponca Tribal Higher Education Department is contracted under the auspices of P.L. 93-638, Bureau of Indian Affairs (BIA), to provide supplemental financial assistance to the Ponca enrolled tribal members, pursuing a Bachelor of Arts, Bachelor of Science Degree at any accredited institution of higher learning. The Ponca Higher Education Scholarship funds are based on availability of funds.

The Higher Educating program is not an entitlement program. Tribal membership (enrollment) does not automatically determine eligibility. Each enrolled Ponca tribal applicant must satisfy all Federal (BIA) requirements as specified in the Document Request Form in order to determine eligibility. Students who meet all requirements will remain eligible as long as compliance is maintained, and the application is current. Each student must apply for a new application each semester to receive funds.

Assistance is available to those students attending a two (2) year college pursuing either an Associate of Arts or Associate of Science Degree with the intent to eventually transfer to a four (4) year college/university to obtain their Bachelor's Degree, students pursuing a Bachelor's Degree at a four (4) year college/university, and students pursuing their graduate degree. Students attending a two (2) year college in pursuit of an Associate of Applied Sciences Degree in certain disciplines, Associate of occupational Science Degrees, or Vocational/Technical certifications are NOT ELIGIBLE for funding under the Higher Education Program.

Applications must be complete by the appropriate deadline to be considered for funding. The deadlines are as follows:

**July 15th– Fall**

**January 15th – Spring**

**May 15th – Summer**

Prior to the deadline, if you are having problems obtaining any required documentation from your school or another source, please contact this office by telephone at (580) 763-0120 or by email at [highereducation@ponca-nsn.gov](mailto:highereducation@ponca-nsn.gov) and we will assist in any way possible. If you do not contact us for assistance prior to the deadline, we will not be able to assist you and your application will be denied.

Thank you,

Higher Education Department

**PONCA TRIBE HIGHER EDUCATION APPLICATION**  
**DOCUMENT REQUEST FORM**

No late or incomplete applications will be accepted. All applications must be postmarked or emailed by the due date as stated below. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR FUNDING.**

Applications must be complete by the appropriate deadline to be considered for funding. The deadlines are as follows:

**July 15th – Fall**

**January 15th – Spring**

**May 15th – Summer**

***PLEASE SUBMIT THE FOLLOWING DOCUMENTATION:***

- ☐ **Ponca Tribe Higher Education Application:** Must be filled out completely, signed, and dated.
- ☐ **Acceptance Letter:** *For new students only.* The letter from admissions stating that you have been accepted into the college/university.
- ☐ **Academic Transcript:** Contact all other education institutes attended and request an Official academic transcript to be mailed to this office at: **Ponca Tribe Higher Education, 121 White Eagle Dr., Ponca City, OK 74601.**
- ☐ **Financial Needs Analysis:** Part B must be filled out by the financial needs advisor at the college/university you are attending and returned to this office for further processing. The Financial Aid Office may email the completed form to [highereducation@ponca-nsn.gov](mailto:highereducation@ponca-nsn.gov), mail to: **Ponca Tribe Higher Education, 121 White Eagle Dr., Ponca City, OK 74601**, or by fax to (580) 763-0126. Payment of student grants are made directly to the school's Financial Aid Office.
- ☐ **High School Transcript:** *For new students only.* A copy showing at least the last semester grades of your senior year. A high school diploma is acceptable in lieu of a high school transcript.
- ☐ **CDIB:** *For new students only.* A copy of your Certificate of Degree of Indian Blood must be attached to your application.
- ☐ **Your Personal Letter:** *For new students only or students changing their major.* This letter must state why you need a grant, how you plan to use the money, the college major you plan to pursue, your objective after graduation from college, and must be signed and dated.
- ☐ **Class Schedule:** Must show the current semester for which you are enrolled in at least 12 hours to be considered for the full scholarship. The schedule must be submitted to this office before you receive financial assistance.
- ☐ **Statement of Education Purpose:** This must be signed by the applicant.
- ☐ **Privacy Act Statement:** This must be signed by the applicant and a witness.

**It is the student's responsibility to make sure the application has been received by this office before the due date as listed above. Contact this office by telephone at (580) 763-0120 or by email at [highereducation@ponca-nsn.gov](mailto:highereducation@ponca-nsn.gov) for questions or assistance.**

## **PONCA TRIBE HIGHER EDUCATION APPLICATION**

A new application must be submitted each semester

Year:\_\_\_\_\_ Semester:\_\_\_\_\_

***All information requested is voluntary, however, failure to complete all applicable parts may result in a delay of processing, or a denial of services due to incomplete information needed to make a determination of eligibility.***

	Last	First	Middle	Maiden
Legal Name:				
Social Security Number:	Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:	City	State	Zip Code	
Alternate Address:	City	State	Zip Code	
Tribal Affiliation:	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number:	Cell Phone Number:	
Email Address:				
Marital Status: (Circle one)	Single	Married	Divorced	
College/University:				
College/University Address:	City	State	Zip Code	
College Major:	Anticipated Graduation Date:	Degree Expected:	Number of Hours Enrolled:	

### ***University/College Classification: (Check one)***

- ☐ FRESHMAN
- ☐ SOPHMORE
- ☐ JUNIOR
- ☐ SENIOR
- ☐ GRADUATE

### ***I Will Live: (Check one)***

- ☐ ON CAMPUS
- ☐ OFF CAMPUS
- ☐ WITH PARENTS

### ***For Continuing Students:***

Credit hours earned:	College attended:
Credit hours needed to graduate:	Degree earned:
Major:	Specialization within major:
Minor:	Credit hours enrolled:

### ***For Graduate Students:***

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## UNDERGRADUATE/GRADUATE SCHOLARSHIP FINANCIAL NEED ANALYSIS FORM

### A. IDENTIFICATION INFORMATION: TO BE COMPLETED BY APPLICANT (PLEASE PRINT CLEARLY)

	Last	First	Middle	Maiden
Legal Name:				
Social Security Number:	Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:	City	State	Zip Code	
Home Agency:				
Home/Cell Phone Number:		Student ID Number:		
Email Address:				
Marital Status & Dependents: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <span style="float: right;">Number of Dependents:</span>				
Name of Indian Parent:		Tribe:	Parent Date of Birth:	
Name of Indian Parent:		Tribe:	Parent Date of Birth:	

I hereby give permission to the Ponca Tribe Higher Education Office to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all federal, state, private, and institutional financial aid before applying for a scholarship with the Higher Education Office. I also understand that I am responsible for seeing that this form reaches the Higher Education Office by the deadline dates and that if I am 18 years of age, I must act as my own agent when requesting information from the Higher Education Office.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B. FINANCIAL STATUS INFORMATION (TO BE COMPLETED BY FINANCIAL AID OFFICER)

College/University Name:			
Mailing Address:	City	State	Zip Code
Phone Number:	Fax Number:	Academic Year & Semester:	Classification of Student:
Email Address:			
If the student is married, does this information reflect financial need of a married student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>TOTAL FINANCIAL NEED OF APPLICANT:</b> <div style="text-align: right;">\$</div>			

Tuition:	Parental Contribution:	PELL:
Books:	Student Contribution:	SEOG:
Fees:	Spouse Contribution:	OEP:
Room & Board:	VA Benefits:	GSL:
Transportation:	Social Security:	WS:
Child Care:	TANF/Welfare:	Tuition Waiver:
Other:	Amer. Ind. School:	Other:
	HEW/Indian Health Service:	
<b>Total Costs:</b>	<b>Total Financial Resources:</b>	

WE RECOMMEND THE PONCA TRIBE OF OKLAHOMA TO AWARD:

\$

Has student been suspended for failure to maintain satisfactory progress?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?:	Has student applied for financial aid?:  <input type="checkbox"/> Yes <input type="checkbox"/> No	MAIL TO: Ponca Tribe of Oklahoma Higher Education 121 White Eagle Dr. Ponca City, OK 74601  FAX: (580) 763-0126  EMAIL: <a href="mailto:highereducation@ponca-nsn.gov">highereducation@ponca-nsn.gov</a>
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I certify that the above information to be accurate and that this application has received all financial aid from our school that he/she is eligible to receive and that he/she was given fair and just consideration for equitable awards of the grant feature of our program.

Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## **Statement of Education Purpose**

I declare that I will use any funds from the Ponca Tribe of Oklahoma Higher Education Grant Program solely for the expenses connected with attendance at the Education Institution mentioned above.

I further certify that all information I have submitted is true and correct to the best of my knowledge.

I will provide a copy of my grades, transcript, and/or graduate notice to the Ponca Tribe of Oklahoma Higher Education Department at the end of each academic term for the grant compliance. I will notify the education department prior to withdrawing from classes or school.

## **Notice**

Misuse of funds is a serious offense. Criminal action through the Department of Justice can be taken against anyone misusing fund and can terminate any individual from any future funding from the Ponca Tribe of Oklahoma should you decide to continue your education.

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Applicant Signature

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Date

## Privacy Act Statement

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute or by Executive Order of the President) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- B. The Principle purpose(s) for which the information is intended to be used.
- C. The routine uses which may be made of the information, as published pursuant to paragraph (4) (D) of this subsection.
- D. And the effects of him/her, if any, if not providing all or any part of the requested information.

The Ponca Tribe of Oklahoma Higher Education Assistance Program operates under the general authority of 23 USC Chapter 13, 42 Stat. 208 P.L. 679885, with specific legislation contained in 25 USC subchapter E, Part 32, Administration of Educational loans, grants, and other assistance for Higher Education. In accordance with accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintain this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read the statement of privacy and I hereby provide the required information to the extent of the use specified in the statement.

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Applicant Signature

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Date

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Witness Signature

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Date

## Consent to Discuss Information (Optional)

This optional form grants the Ponca Tribe of Oklahoma Higher Education Department consent to discuss various elements of your application and status with someone other than you. This form is not the same as the Privacy Statement allowing your school to discuss financial aid with the Education Department. This form gives specific permission to discuss your file with the listed person/people. Without this form, we cannot discuss your file with anyone other than you. This includes discussing application/award status with parents, grandparents, siblings, spouse/partner, or friends. If you want to allow someone else to discuss your information, please fill out this form and return it with your application. You can grant more than one person's consent. If you chose to grant different people access to different elements, please file out an additional form. This form is valid for one semester only. A new form must be completed for each semester.

School Year\_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer (Seniors, Grads only)

I, \_\_\_\_\_, grant the Ponca Tribe Higher Education Department permission to discuss my (check all that apply):

- |                                      |                                   |   |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Grades   | <input type="checkbox"/> Program Status |
| <input type="checkbox"/> Awards      | <input type="checkbox"/> Schedule |   |

With the person/people listed below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date